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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township San Carlos Agency or Village _____
 City Rice, No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nancy Lee Elgo
 (If child is not yet named, make supplemental report, as directed)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>5. No., in order of birth.</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>12/ 25- 29</u> Month Day Year
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8. FATHER
Full name Norton Elgo

9. Residence
(Usual place of abode) Rice, Ariz.
If non-resident, give place and state.

10. Color or race 4/4
Apache Ind.

11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Rice,
(State or country) Ariz.

13. Occupation Com. Labor
Nature of Industry

14. MOTHER
Full maiden name Alice Long

15. Residence
(Usual place of abode) Rice, Ariz.
If non-resident, give place and state.

16. Color or race 4/4
Apache Ind.

17. Age at last birthday 17 (Years)
18. Birthplace (city or place) Miami
(State or country) Ariz.

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10.40 P.M. the date above stated.
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature V. R. Embury
 (Physician or midwife).

Given name added from a supplemental report _____ Address San Carlos Agency, Rice, Ariz.
 Month, day, year

Filed _____ 19 _____ Registrar

Registrar

556-1-25-137